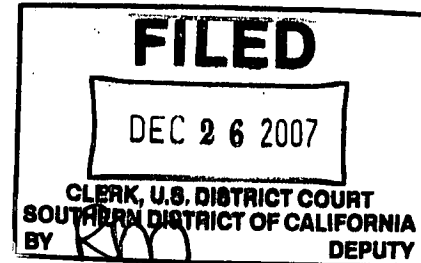


La Madrid , Diego H.
(Name)

P.O. Box 500
(Address)

Chino , CA 91708
(City, State, Zip)

P-98764 Elm Hall 1751ow
(CDC Inmate No.)



2254	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HFP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
COPIES SENT TO		
Court	ProSe	

United States District Court
Southern District of California

La Madrid , Diego H.
(Enter full name of plaintiff in this action.)

Plaintiff,

v.

California department of
Corrections and
Board of prison Hearings

(Enter full name of each defendant in this action.)

Defendant(s).

'07 CV 2434 JM NLS

Civil Case No. _____

(To be supplied by Court Clerk)

Complaint Under the
Civil Rights Act
42 U.S.C. § 1983

A. Jurisdiction

Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional authority, list them below.

B. Parties

1. Plaintiff: This complaint alleges that the civil rights of Plaintiff, La Madrid , Diego H.
(print Plaintiff's name)

, who presently resides at P.O. Box 500
(mailing address or place of confinement)

Chino , Ca. 91708

, were violated by the actions
of the below named individuals. The actions were directed against Plaintiff at Chula Vista
parole and continuing on (dates) 03/2005 , 04/2007 , and 08/2007

(institution/place where violation occurred)

(Count 1)

(Count 2)

(Count 3)

2. Defendants: (Attach same information on additional pages if you are naming more than 4 defendants.)

Defendant Board of prison Terms resides in Chula Vista , Ca.
(name) (County of residence)
 and is employed as a Commisioner This defendant is sued in
(defendant's position/title (if any))
 his/her ~~XX~~individual~~XX~~ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: As commisioner of Board of Prison Terms (Hearing)

Defendant Ca Dept. of Corrections resides in California
(name) (County of residence)
 and is employed as a This defendant is sued in
(defendant's position/title (if any))
 his/her ~~XX~~individual~~XX~~ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law:

Defendant Commicioner resides in California
(name) (County of residence)
 and is employed as a Commicioner of my board hearing This defendant is sued in
(defendant's position/title (if any))
 his/her ~~XX~~individual~~XX~~ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: Commitioner of my board hearing .

Defendant Parole officer David Tristaresides in Chula Vista
(name) (County of residence)
 and is employed as a Parole officer This defendant is sued in
(defendant's position/title (if any))
 his/her ~~XX~~individual~~XX~~ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: He said in my board hearing that he went to my bank. My
 bank has not contacted me since so I do not know if I even have a bank
 account at this time . I have written to them 4 letter with no reasponce
 To this day after 6 different appeals still do not have my property that
 he has retained (making defence ahrd, nearly impossible)

C. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary.)

Count 1: The following civil right has been violated: 14th Amendment, 8th amendment, due process, freedom of cruel and unusual punishment (Right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 1.]

The reason for the retaining of me on parole " because I was in the hospital ". This is for Penal Code 3001 (early release) after 13 with no violation and complying with all rules including D.O.M. (Dept . operational manual) . I tried to get it in writing with no success . Every month my parole officer would change and the one that I would ask , would tell me that he/she could not . The O.D. (officer of the day) one time told me that reason above was the reason of why I did not discharge . That he could not give me anything in writing . So to this day I still do not have the whole story . I can not appeal what I do not have complete information about . All that I am saying is fully documented , in either my C-file or in the parole office in Chula Vista , parole officers , O.D.'s , and my girlfriend at the time which is an attorney . Her name Maritza Ramirez. All the names of the persons involed are listed in my file they C.D.C.R. have a easier way access the the evidence .

I am following doctor recommendations yet if I do I do not get discharged. Evidence is in Bayview hospital and the V.A. hospital both in San Diego , CA. Also crissis house downtown S.D. (don't remember the name at this point , do know the location of it) Was in A sober living that once I got done in the hospital (V.A.) payment was done so go somewhere else to live.

I have had any and all imaginable problems since I got this (denied) of my early release. No 1th amendment right to begin with. It seems to extend to C.D.C.R. if I keep up in the same issue and while the time is still (current) available to appeal.

MY APPEALS ON MEDICAL CARE: Right hand broken and has joint wrong (appeals in 3rd going to 4th but by that time damage will be done) and also all the other medical problems. Wrong psychiatric medications, continuing . All this in reception center PLATA, ARMSTRONG, COLEMAN which I am a member of.

Count 2: The following civil right has been violated: Access to courts
(E.g., right to medical care, access to courts,

due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 2. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 2.] Have 2 appeals in this R.J.D.-1-07-01141 and R.J.D.-4-07-01079 which I just got a paper from the appeals coordinator saying it is a duplicate appeal . I wrote one as an E.O.P. in which as one and in 1 yard you can not mix with other inmates at all go to law library (I have request from librarian) denying me because she said to go in my yard time which I could not and can not have as an E.O.P. in the 1 yard. It seems futile to continue to send it once again to appeals coordinator since I already explained to him the circumstances that lead to this .The appeal is in the 4th (last level) but by the time I get an answer I will be out of prison . This is something that is on going and continueing at this time . While I was in the 4 yard I only got to go to the law library 5 times (I was there 1 week short of 6 months) I have started to do this appeal from the middle of April of this year . I still hold some evidence C.D.C.R. holds the rest and with due diligence I can explain where this veedence is exactly . I can not get even some of it cause I do not have any money in my books . The dates for this start with my violation on 03/14/2007 . Will send you copies of my appeals that I sent to the appaels coordinator in R.J.D. (Donovan)

Count 3: The following civil right has been violated: Due process 14th amendment
(E.g., right to medical care, access to courts,

due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 3. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 3.]

Penal Code 3057 does not give me work time credits . It said nothing about behavior / conduct credits . I sent an appeal R.J.D.-4-0701855 about P.C. 3001 they answer with P.C. 3000. That was a 3084.7(h) by 15 CCR.

In appeal # R.J.D. 07-1800 I have a broken right finger and was an E.O.P at the time of this incident (not on correct medications) told them all the reason of the why , not anywhere . (medical appeals R.J.D.-4-07-01692 , R.J.D. -4-07-01893) So how or why would I start a fight in a cell (get a first 115 ever) if I have a broken Righth hand. C.O. far-agonas witness of my pain in right hand . THis appealby 15CCR3084.7(b) (2) is final decision of department .

In appeal # R.J.D.-1-07- 01141 sent to the Chief inmate appeals on 08/20/07 is about access to the courts (law library) they put it as duplicate to 07-1149 . In this one an additional page that I put in (attached) disappeared, to this day nothing. I am asking for law library or assistance in writing an appeal to the board of prison terms also an on-going problem. If you are in the mental health part of R.J.D. you get no help or access to the law library like any other building. This is of public interest if you can not appeal anything and by the time you do it it would be a moot case.

I am on my 6th appeal of my property. P.O. David Tristan has property of mine that could help me in my defence. Including addresses; glasses, personal property and money order (which now would be a 3084.7(e) lost or damaged personal property. (will send you copies of just some of my efforts have a few in other different locations K.E. Thacher agent II the appeals coordinator in region IV) The last being a 1824 appeals form since it is a (glasses) A.D.A. subject. ARMSTRONG

Here in CIM I appeal a decision I get an answer that it is a duplicate (will send you a copy of this) The original form is a 1824 A.D.A appeal and they ask to send me a doctor again when I saw one less than 60 days from the time that I appealed (45 days after when I started appeal ,also as soon as I was transferred to my present location) Nothing has happened in that time.

D. Previous Lawsuits and Administrative Relief

1. Have you filed other lawsuits in state or federal courts dealing with the same or similar facts involved in this case? ☒ Yes ☐ No.XXX

If your answer is "Yes", describe each suit in the space below. [If more than one, attach additional pages providing the same information as below.]

(a) Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

(b) Name of the court and docket number: _____

(c) Disposition: [For example, was the case dismissed, appealed, or still pending?] _____

(d) Issues raised:

(e) Approximate date case was filed: _____

(f) Approximate date of disposition: _____

2. Have you previously sought and exhausted all forms of informal or formal relief from the proper administrative officials regarding the acts alleged in Part C above? [E.g., CDC Inmate/Parolee Appeal Form 602, etc.] ? ~~XX~~Yes ☐ No.

If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No", briefly explain why administrative relief was not sought.

R.J.D. appeals #'s :

R.J.D.-1-07-01141 , all the rest start with R.J.D.-4-07- :01079 , 011800, 01692 , 01793 , 01893 , 01855 ,and others I will send you a copy of in-closed (about condition , emergency ,ect)

E. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. An injunction preventing defendant(s): _____

2. Damages in the sum of \$ _____.

3. Punitive damages in the sum of \$ _____.

4. Other: _____

F. Demand for Jury Trial

Plaintiff demands a trial by ☐ Jury ☐ Court. (Choose one.)

G. Consent to Magistrate Judge Jurisdiction

In order to insure the just, speedy and inexpensive determination of Section 1983 Prisoner cases filed in this district, the Court has adopted a case assignment involving direct assignment of these cases to magistrate judges to conduct all proceedings including jury or bench trial and the entry of final judgment on consent of all the parties under 28 U.S.C. § 636(c), thus waiving the right to proceed before a district judge. The parties are free to withhold consent without adverse substantive consequences.

The Court encourages parties to utilize this efficient and expeditious program for case resolution due to the trial judge quality of the magistrate judges and to maximize access to the court system in a district where the criminal case loads severely limits the availability of the district judges for trial of civil cases. Consent to a magistrate judge will likely result in an earlier trial date. If you request that a district judge be designated to decide dispositive motions and try your case, a magistrate judge will nevertheless hear and decide all non-dispositive motions and will hear and issue a recommendation to the district judge as to all dispositive motions.

You may consent to have a magistrate judge conduct any and all further proceedings in this case, including trial, and the entry of final judgment by indicating your consent below.

Choose only one of the following:

☒ Plaintiff consents to magistrate judge jurisdiction as set forth above.

Date

12/19/07

OR

☐ Plaintiff requests that a district judge be designated to decide dispositive matters and trial in this case.

Signature of Plaintiff

Diego LaMadue
Diego LaMadue

AO 85 (Rev. 10/97 December 11, 1997) Consent to Proceed

United States District Court

SOUTHERN DISTRICT OF CALIFORNIA

La Madrid , Diego M.
V.
Ca. Dept' of Corrections &
Board of Prison Hearings

CONSENT TO PROCEED BEFORE A
UNITED STATES MAGISTRATE
JUDGE AND ORDER OF REFERENCE

CASE NUMBER:

CONSENT TO PROCEED BEFORE A UNITED STATES MAGISTRATE JUDGE

In accordance with the provisions of 28 U.S.C. 636(c) and Fed.R.Civ.P. 73, the parties in this case hereby voluntarily waive their rights to proceed before a judge of the United States district court and consent to have a United States magistrate judge conduct any and all further proceedings in this case, including the trial, and order the entry of a final judgment.

<u>Plaintiff(s) Signatures</u>	<u>Date</u>
<u>Diego La Madrid</u>	
<u>People in same Class</u>	
<u>Diego La Madrid</u>	<u>12/19/07</u>
<u>Defendant(s) Signatures</u>	<u>Date</u>

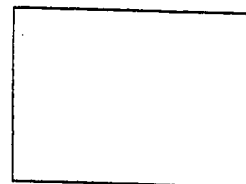
New Case #: _____

ORDER OF REFERENCE

IT IS HEREBY ORDERED that this case be referred to the Honorable _____,
United States Magistrate Judge, for all further proceedings and the entry of judgment in
accordance with 28 U.S.C. 636(c), Fed.R.Civ.P. 73 and the foregoing consent of the parties.

_____	_____
Date	United States District Judge

EXHIBIT COVER PAGE



EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

NUMBER OF PAGES TO THIS EXHIBIT: _____ PAGES.

JURISDICTION: (Check only one)

- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation
And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☒ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court

DIEGO LA MADRID
P-98764 EH175
P.O. BOX 600
CHINO, CA. 91708

DECEMBER 13, 2007

INMATE APPEAL BRANCH
1515 S STREET
SACRAMENTO, CA. 95814

RE: IAB# 0712536 RTD-07-01793 MEDICA

DEAR MR. GRANNIS:

MERRY CHRISTMAS AND DO HAVE
A HAPPY NEW YEAR.

I HAVE ASK THE APPEALS COORDINA-
TOR FOR COPIES OF 602'S OR 1824'S WHEN I
PUT AN APPEAL. BECAUSE I HAVE NO MONEY IN
MY BOOKS I REQUEST AND INMATE LAW LI-
BRARY WILL NOT MAKE A COPY UNLESS IT IS
GOING TO THE COURT. I REQUEST A COPY
AFTER EVERY LEVEL OF ANY APPEAL I DO. HERE
IN C.I.H. IT HAS NOT BEEN DONE YET. THIS I
DO TO KEEP A RECORD. I HAVE BEEN A VIC-
TIM OF EITHER LOST 602 OR AN ATTACHMENT
IN THE LAST 9 MONTHS. ONE OF THEM HAPPEN-
TO BE ABOUT MY PERSONAL PROPERTY. WHEN
I HAVE REPEATEDLY ASK IN ONE WAY OR

(1 of 3 sides)

- BACK -

ANOTHER TRIED TO GET. NOW AFTER MY
 7TH DIFFERENT APPEAL, REGION IV APPEALS
 COORDINATOR SENT ME THE APPEAL BACK FOR
 THE SAME REASON IS COR 3084.6(C). I
 DID NOT APPEAL IN. I DID IT WITHIN TIME
 LIMITS. YET AFTER RECEIVING INFORMAL BACK
 AFTER BPH HEARING. IT WAS LOST IN THE
 INSTITUTIONAL MAIL. IF YOU CONTACT MR.
 R.E. THACKER AGENT II IN REGION IV
 YOU COULD GET MORE DETAILS ON THIS ONE
 INCIDENT. NOW IT SHOULD BE A 3084.7(e)
 BECAUSE A MONEY ORDER OF \$200.00 WAS IN
 WALLET. MY GLASSES ALSO IN PROPERTY -
 THIS AN 1824 ISSUE. AND THERE IS ALSO
 EVIDENCE I NEED FOR MY APPEAL OF THIS
 PAROLE REVOCATION, TO SEND TO THE COURTS.

NOW THIS APPEAL - AS STATED IN APPEAL
 MOVEMENT TO CIM AND THE MAIL SYSTEM
 HERE I HAVE NO CONTROL OVER. MAIL HERE
 AT THIS POINT IS OVER 3 WEEKS. I DID FILL
 OUT AND SEND WITHIN THE TIME CONSTRAINTS
 FROM THE TIME I GOT MAIL. THIS APPEAL
 WAS SENT FROM RJD TO ME TO CIM. THE
 TIME FOR THE PERIOD OF TRANSPORTATION IS
 NOT IN MY CONTROL. PLEASE RESEARCH AND
 YOU WILL CONCUR WITH ME; IN THIS MATTER.
 THIS APPEAL IS OF COR 3350 & 3355 INVOLVING
 A COLEMAN AND ARMSTRONG INMATE.

IN YOUR RESPONSE TO ME YOU DO NOT
 TELL ME MUCH ABOUT THE DAY YOU THINK
 (SIDE 2)

I GOT THE MAIL. THE RECORDS OF THIS INSTITUTION MAIL SYSTEM BETWEEN RJD AND CIM WILL SHOW HOW MUCH TIME MAIL TAKES IN THIS CASE. SINCE IT WAS SENT TO ME VIA INSTITUTIONAL MAIL.

REQUEST: CHECK LENGTH OF TIME IT TAKE FOR MAIL TO GO FROM RJD TO CIM VIA INSTITUTIONAL MAIL. CHECK RECORDS OF APPEAL WITH MR. K.E. THACHER REGION IV, TO SEE AND UNDERSTAND PROBLEM OF MINE PRIOR TO THIS ONE OF INSTITUTIONAL MAIL. DOES THIS EXHAUST ADMINISTRATIVE REMEDIES? SINCE PROBLEM IS STILL ON-GOING. (CCR 3350, 3355) HAVE APPEALS COORDINATOR IN CIM MAKE COPIES OF 602 AND 1824 IF INMATE REQUEST IF NO MONEY IN BOOKS.

THANK YOU
SINCERELY
Dago LaMadrid

P.S.

THANK YOU FOR THE ASSISTANCE, AND I LOOK FORWARD TO RECEIVING A RESPONSE TO THIS LETTER.

(SIDE 3)

INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814
P.O. Box 942883
Sacramento, CA 94283-0001



December 6, 2007

LAMADRID, DIEGO, P98764
California Institution for Men
P.O. Box 128
Chino, CA 91708

RE: IAB# 0712536 RJD-07-01793 MEDICAL

Mr. LAMADRID:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

An appellant must submit the appeal within 15 working days of the event or decision being appealed, or of receiving a lower level decision in accordance with CCR 3084.6(c).

A handwritten signature in black ink, appearing to read "N. Grannis".

N. GRANNIS, Chief
Inmate Appeals Branch

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)RECEIVED
JUL 09 2007

Location Institution/Parole Region

RJD

Log No.

1. 07-1793

Category

8

MD

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and status representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME LAMADRIS	NUMBER P-97764	ASSIGNMENT NA	UNIT/ROOM NUMBER 4-20-126
------------------	-------------------	------------------	------------------------------

A. Describe Problem: I KEEP ON PUTTING MEDICAL REQUEST FOR SAME THINGS AND THEY STILL DO NOT TAKE CARE OF THEM. GLASSES WITH P.O. OR SEE OPTOMETRIST.

MENTAL HEALTH WILL INVOLVE DEEP PERSONAL AND PRIVATE MATTERS. SO I'LL NEED TO TRUST THEM. IN VIOLATION OF PLATA ARMSTRONG AND COLEMAN, WHICH JUST CONTINUES NO MATTER HOW MANY MEDICAL SLIPS OR INMATE REQUEST I PUT IN. WITH 1824! HAND ALLERGIES, & PSYCH.

If you need more space, attach one additional sheet.

B. Action Requested: TO KNOW HOW MUCH CHARGE TILL NOW? IF YOU DID PUT BACK ON BOOKS. P.O. FOR GLASSES OR OPTOMETRIST. ALLERGY HANDS. APPOINTMENT WITH PSYCHOLOGIST & PSYCHIATRIST ALSO ALLERGY(S) THAT DON'T GO AWAY/GET RIGHT MEDICATIONS FROM PSYCH.

Inmate/Parolee Signature: [Signature] Date Submitted: 7/5/07

C. INFORMAL LEVEL (Date Received: JUL 17 2007), Partially Granted
Staff Response: YOU WERE SEEN BY YOUR FACILITY PROVIDER ON JULY 11, A REFERRAL WAS COMPLETED FOR OPTOMETRY, YOU WERE PRESCRIBED BODY LOTION, ALLERGY MEDICATION. IN ORDER TO DISPUTE CHARGES, YOU NEED TO PROVIDE A TRUST ACCOUNTING STATEMENT AND SUPPLY MORE INFORMATION, AS IT IS UNDER NO REQUESTS FOR HEALTH CARE SERVICES WAS LOCATED IN YOUR MEDICAL FILE. SUBMIT TO MENTAL HEALTH FOR AN APPOINTMENT

Staff Signature: [Signature] Date Returned to Inmate: 7/19/07

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

ALLERGY MEDICATIONS DOCTOR SAID ENDS IN 30 DAYS YET ALLERGIES I'VE HAD FOR 30 YEARS. TO RE-FILL ALL ALLERGY MEDICATIONS TILL RELEASE. ALSO FIX RIGHT INDEX FINGER THAT HAS LIMITED MOBILITY WITH EXCESSIVE PAIN, AND BACK YOU HAVE HISTORY. TWO (2) PSYCH MEDICATION HAVE ENDED WITH NO RE-FILL, NEED RIGHT ONES.

Signature: [Signature] Date Submitted: 7/24/07

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

RECEIVED

OCT 31 2007

INMATE APPEALS
BRANCH

untimely

07-1793

First Level ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

SEP 07 2007

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: JUL 27 2007 Due Date: 08

Interviewed by: PER PATIENT PROFILE, YOU HAVE BEEN PRESCRIBED ALLERGY MEDICATION AND PSYCH MEDS FOR 90 DAYS. YOU HAVE NOT BEEN ENDORSED AS OF YET, NO RELEASE DATE FOR PRESCRIPTION RENEWALS. PER X-RAY TAKEN 5/30/07, YOU HAVE A HEALED FRACTURE AND YOU ARE CURRENTLY PRESCRIBED PAIN MEDICATION. IF YOU HAVE BACK PAIN, COMPLETE A HEALTHCARE SERVICES REQUEST FORM TO BE SEEN BY YOUR FACILITY PROVIDER. YOUR APPOINTMENT WAS 8/1/07 WITH A PSYCHIATRIST AND 7/26/07 WITH A PSYCHOLOGIST

Staff Signature: *[Signature]* Title: *SMITH* Date Completed: 8-14-07
 Division Head Approved: *[Signature]* Title: *SMITH* Returned: AUG 16 2007
 Signature: *[Signature]* Title: *SMITH* Date to Inmate:

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

GRANTED - WELL IN COMPLETE EXTREME PAIN IF MOVE @ INDEX FINGER PER X-RAY 8/9/07 STILL BROKEN. FEW SYMPTOMS BUT NOT LIMITED TO SLEEPINESS, CONFUSION, LACK OF BALANCE, DIZZINESS, LIGHT HEADED FROM VERY BAD BODY TEMPERATURE CONTROL. AZMA IS GIVING REAL TROUBLE. VIOLATION STILL OF PLATH, COLEMAN & ARMSTRONG. THAT IS RESULT OF 19 MEDICATION AND HEAT STRESS, POOR AIR FLOW. NEEDS MEDICATION ADJUSTMENT, COMPLY WITH 1824. REP-C PROBLEMS AND S.T.P.

Signature: *[Signature]* Date Submitted: 8/26/07

Second Level ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

SEP 20 2007

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: AUG 22 2007 Due Date:

☒ See Attached Letter

Signature: M. STOUT *[Signature]* Date Completed: 9/21/07
 Warden/Superintendent Signature: *[Signature]* Date Returned to Inmate: SEP 25 2007

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Granted: All issues that are in 15 CCR 3355 on intake not taken care of! Please send me a copy back. Right index finger not taken care of or other issues all on both examination that were taken in R.J.D. (see medical file) Both physical & mental parts. Still not stable or issues taken care of. (include CCR Article 9) Movement to CIM has mail late, health care now in different institution, medication not successful as extensive history on different particular medications I take outside. Having some bad reaction (rash) not being treated. They all have their own ideas.

Signature: *[Signature]* Date Submitted: 10/25/07

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other
☐ See Attached Letter

Date:



State of California

Department of Corrections and Rehabilitation

Memorandum

Date: September 21, 2007

To: LaMadrid, D.
P98764
Richard J. Donovan Correctional Facility at Rock Mountain

Subject: **SECOND LEVEL APPEAL RESPONSE**

LOG NO.: RJD-07-01793

APPEAL ISSUE:

It is the appellant's position that his medical/mental condition has not been properly diagnosed, which has led to pain to his hand, allergies and mental health concerns.

The appellant's appeal has been responded to at the Informal and First Level of Review, which resulted in granted decisions. He has been medically evaluated for his complaints on a continuous basis at the Richard J. Donovan Correctional Facility, and has received approximately 19 prescriptions for his conditions.

The appellant's argues that his condition is not improved and is requested proper medication to correct his concerns.

INTERVIEWED BY: Waived in accordance of California Code of Regulations (CRC) Section 3084.5 (f) (2)

REGULATIONS: The rules governing this issue are California Code of Regulations (CCR), Title 15, Sections:

CCR 3350 – Provisions of Medical Care and Definitions
CCR 3355 – Health Care Examinations

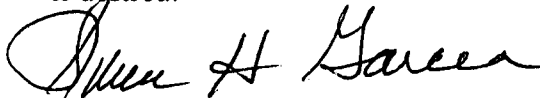
APPEAL RESPONSE:

A review of the "Effective Communication List for Inmates With Test of Adult Basic Education Reading Scores of 4.0 or Less" reveals that the inmate does not require assistance in order to achieve effective communication.

On September 10, 2007, the appellant had transferred to the California Institute for Men, where further medical treatment and evaluations can be performed.

APPEAL DECISION: The appeal is granted the Second Level of Review.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.



Silvia H. Garcia
Chief Deputy Warden
California Department of Corrections and Rehabilitation
Richard J. Donovan Correctional Facility at Rock Mountain

Includes Current Prescriptions as of 08/08/2007

P-98764 LAMADRID, DIEGO CURRENT UNIT: B20-126L
ALLERGIES: DOB: / / HT: ft in WT: 0
=====

START	Rx/Qty	DRUG	PHYSICIAN	STOP
07/11/2007	924468	IBUPROFEN 800MG	SILVA, JASON	10/09/2007
NG	60	TAKE 1 TABLET EVERY 8HRS AS NEEDED FOR PAIN RR		B20-126L
07/11/2007	924478	TRIAMCINOLON 0.1% CR 80GM	SILVA, JASON	10/09/2007
NG	1	APPLY TO AFFECTED AREA TWICE DAILY AS NEEDED		B20-126L
07/11/2007	924480	BODY LOTION 266ML	SILVA, JASON	10/09/2007
NG	0	APPLY AS DIRECTED *NF NEEDS APPROVAL*		B20-126L
07/11/2007	924484	SELENIUM SULFIDE 2.5% LOT	SILVA, JASON	10/09/2007
NG	1	APPLY AS DIRECTED RR		B20-126L
07/24/2007	930679	ARTIF TEARS OPH SOLN 15ML	SHUTE, GARY	10/22/2007
ABB	1	INSTILL 1 DROP TO EACH EYES EVERY 3HRS RR		B20-126L
08/03/2007	935024	ALBUTEROL SULFATE HFA INH	LEHV, LEVI	11/01/2007
LB	1	2 PUFFS EVERY 4-6HR AS NEEDED RR		B20-126L
08/03/2007	935026	TRIAMCINOLONE (AZMACORT)	LEHV, LEVI	11/01/2007
LB	1	2 PUFFS DAILY IN THE MORNING AND AT BEDTIME RR		B20-126L
08/03/2007	935028	OMEPRazole 20MG	LEHV, LEVI	11/01/2007
LB	30	TAKE 1 CAPSULE DAILY AR		B20-126L
08/03/2007	935030	ACETAMINOPHEN 325MG	LEHV, LEVI	11/01/2007
LB	60	TAKE 2 TABLETS EVERY 4-6 HOURS AS NEEDED RR		B20-126L
08/03/2007	935033	FLUNISOLIDE NASAL SPRAY	LEHV, LEVI	11/01/2007
LB	1	2 SPRAYS TO EACH NOSTRIL TWICE A DAY (MAX 1 BOT/90D		B20-126L
08/03/2007	935035	LORATADINE 10MG	LEHV, LEVI	11/01/2007
LB	30	TAKE 1 TABLET DAILY AR		B20-126L
08/03/2007	935036	HYDROCORTISONE CR 1% 30GM	LEHV, LEVI	11/01/2007
LB	1	APPLY TO AFFECTED AREA TWICE DAILY RR		B20-126L
08/03/2007	935038	DOCUSATE SODIUM 100MG	LEHV, LEVI	11/01/2007
LB	30	TAKE 1 CAPSULE DAILY AR		B20-126L
08/03/2007	935039	METHOCARBAMOL 750MG	LEHV, LEVI	11/01/2007
LB	45	TAKE 1 TABLET 3 TIMES DAILY AR/15D		B20-126L
08/07/2007	937011	VALPROIC ACID 250MG	RAMSEY, H.	11/05/2007
NG	120	4 PO QPM AR		B20-126L

=====

Includes Current Prescriptions as of 08/08/2007

P-98764 LAMADRID, DIEGO CURRENT UNIT: B20-126L
ALLERGIES: DOB: / / HT: ft in WT: 0
=====

START	Rx/Qty	DRUG	PHYSICIAN	STOP
08/07/2007	937013	SERTRALINE 100MG	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L
08/07/2007	937015	ARIPIPIRAZOLE 10MG	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L
08/07/2007	937016	TRAZODONE 50MG	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L
08/07/2007	937018	DIPHENHYDRAMINE 50MG*	RAMSEY, H.	11/05/2007
NG	30	1 PO QPM AR		B20-126L

INMATE APPEAL ROUTE SLIP

To: APPEALS

Date: August 22, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01793 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: MEDICAL

Due Date: 09/20/2007

Special Needs:

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

INMATE APPEAL ROUTE SLIP

To: MED

Date: July 27, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01793 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for FIRST level response.

Appeal Issue: MEDICAL

Due Date: 09/07/2007

Special Needs:

STAFF INSTRUCTIONS: Per Director's Rule 3084.5(f) (2) first level appeal review requires a personal interview with the inmate unless the appeal is granted. This policy is not within the institution's jurisdiction and cannot be waived. Director's Rule 3084.5(f) (3) provides that a telephonic interview may be conducted if the inmate is not available in person.

Begin response with GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return appeal to the Appeals Office. All first level appeals require signature of the Division Head. Appeals that are incomplete will be returned for appropriate completion.

Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

**DEPARTMENT OF CORRECTIONS AND REHABILITATION
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2300**



August 24, 2007

To: La Madrid, Diego P98764
Richard J. Donovan Correctional Facility
P.O. Box 799006
San Diego, CA 92179-9005

Mr. La Madrid,

I am in receipt of your letter requesting your informal level response and property. I do not receive copies of the informal level responses. Your response should be sent directly to you from the parole office. In addition, you have not told me who took your property. The only information you have provided is that US Customs took your property, so why do you assume that the parole agent has your property. You have failed to provide me with the information I have requested.

The parole office will not send your property to R&R. If they have your property it will be returned to you upon your release. I sent you the address to contact US Customs on June 5, 2007 regarding disposition of your property. Have you attempted to contact them? With the information you have provided me, that your property was taken by the Border Patrol, there is no further assistance I can give you. You need to contact US Customs at the address I provided you with on June 5, 2007

US Customs and Border protection
610 W. Ash Street Suite 1200
San Diego, CA 92101

A handwritten signature in black ink, appearing to read "K.E. Thacker".

K.E. Thacker
Parole Agent II, Appeals Coordinator
Region IV Parole Headquarters

RECEIVED

AUG 21 2007

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

REGION IV APPEALS

RE: Screening at the FIRST Level

June 26, 2007

LAMADRID, P98764

RJD

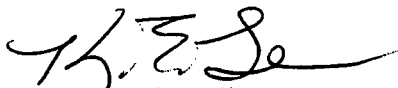
Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinarys; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

Your appeal has been forwarded to Chula Vista I for an informal response.



Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

RECEIVED

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

JUN 25 2007

REGION IV APPEALS

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DANIEL, DIEGO	D-98764		#4-20-1262

A. Describe Problem: HAVE ALREADY SENT 602 HE RETURNED (PO TRISTAN THE DAY OF RPT. HEARING. SENT TO APPEALS COORDINATION HAVE NOT HEARD SINCE THAT WAS 4/23/07. MONEY ORDER OF \$200. - GLASSES, WALKER PERSONAL PAPERS. 3084.7 SINCE OVER 200. - HE (TRISTAN) SAID PUT IN EVIDENCE HIS OFFICE IS IN CAULA VISTA. OR GIVE ME ADDRESS OF CHIEF INMATE APPEALS OF DEPARTMENT OF CORRECTIONS

If you need more space, attach one additional sheet.

B. Action Requested: MY PROPERTY FROM PO TRISTAN. WALKER, GLASSES MONEY ORDER, EXCESS OF \$200. - PERSONAL PROPERTY TO COME IN THROUGH RFR LIKE ANYONE ELSE NO RESTITUTION SINCE NOW I DO HAVE A PARDON/REVOCAATION AT TIME I DIDN'T.

 Inmate/Parolee Signature: Diego Talavera Date Submitted: 6/18/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

June 26, 2007

LAMADRID, P98764
RJD

Log Number: REGIV-I-
(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).

This is not an ADA appeal; this is a duplicate appeal of the issue forwarded to Chula Vista I for an informal response.


Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

STATE OF CALIFORNIA

RECEIVED

DEPARTMENT OF CORRECTIONS

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**
 CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

JUN 25 2007

18. ADA

REGION IV APPEALS
NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)

CDC NUMBER

ASSIGNMENT

HOURS/WATCH

HOUSING

LAMARCA, S.

P-98764

F4-20-126 Lm

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

PERSON WITHIN 42 U.S.C. HAS DISABILITIES MENTAL IMPAIRMENTS THAT SUBSTANTIALLY LIMIT MAJOR AREAS OF LIFE ACTIVITIES.

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

IN C-FILE

DESCRIBE THE PROBLEM:

AFTER CROSSED BORDER P.O. S. TRISTAN - HIS PROPERTY. FILES 602, DISAPPEARED WHEN SENT TO APPEAL COORDINATOR. DIFFICULTY EXPRESSING IN WRITTEN ENGLISH. P.O. TRISTAN SAID HE PUT IT WITH EVIDENCE

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

PATIENT ASSOCIATE, ATTORNEY OR WHOEVER CAN HELP ME GET MY PROPERTY BACK? BOTTOM LINE MY PROPERTY THROUGH R&R AS IF COMING IN ON PAROLE VIOLATION YET.

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

6/18/07

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC-1824 (1/95)

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER:

DATE DUE:

TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

☐ Auxiliary Aid or Device Requested

☐ Other _____

☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS:

DATE INMATE/PAROLEE WAS INTERVIEWED

PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

☐

GRANTED

☐

DENIED

☐

PARTIALLY GRANTED

BASIS OF DECISION:

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY: (NAME)

TITLE

INSTITUTION/FACILITY

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED

DATE RETURNED TO INMATE/PAROLEE

DEPARTMENT OF CORRECTIONS
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2394

RECEIVED

JUN 25 2007



REGION IV APPEALS

June 5, 2007

To: La Madrid, Diego #P98764
Richard J. Donovan Correctional Facility
P.O. Box 799006
San Diego, CA 92179-9005

Re: Property

Mr. La Madrid,

I received the copy of the letter you mailed regarding your request for information regarding your property, your wallet, glasses and other items not specifically mentioned. You mention that your property was taken by Customs. US Customs is not under the jurisdiction of the Division of Adult Parole Operations and I am unaware of their procedures regarding personal property.

Were you transported to a county jail facility by Customs? If so, did your property accompany you? Did the Custom's Agent ask you what you wished to have done with your property? With the information you provided, it seems as though Customs had control of your property and you need to contact them regarding the location and or disposition of your property.

In addition, this office does not have a record of a CDC 602 Inmate/Parolee Appeal for you regarding your property issue.

K.E. Thacker
Parole Agent II, Appeals Coordinator
Region IV Parole Headquarters

p98764

RECEIVED

MAY 30 2007

REGION IV APPEALS

5.24.07

TO WHOM IT MAY CONCERN,

My NAME IS SIEGO H. LAMADRID, CDC # 15 P-98764. THIS IS IN REFERENCE TO THE CHUKA VISTA PAROLE DEPARTMENT ON 765 THIRDS ST STE 200 C.V. CA 94910 TO P.O. DAVID TRISTAN

UPON MY CROSSING BORDER MY PROPERTY TAKEN BY CUSTOMS DEPARTMENT. MY WALLET, GLASSES AND OTHER PROPERTY HAS TO THIS DAY NOT BEEN DELEVERED TO ME. I HAVE WRITTEN A GO2 TO NO AVAIL. COULD YOU PLEASE INFORM ME NOW AND WHAT I MUST DO TO GET MY PROPERTY TO ME. SINCE IT WAS ON ME WHEN I GOT STOPPED BY THE BORDER PATROL

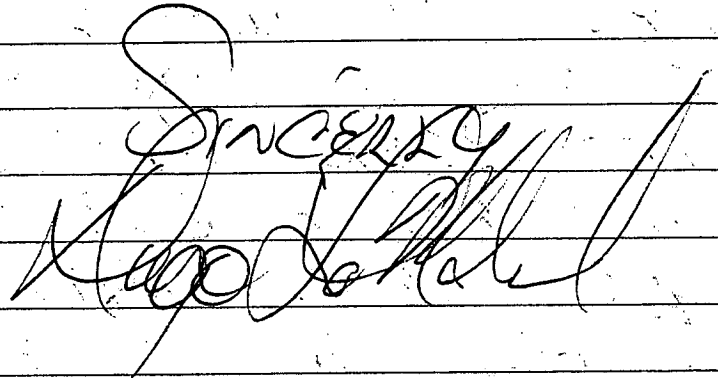
THE RESPONSE OF P.O. TRISTAN AFTER B.P.T HEARING. CHOISE WHERE TO MAIL? GAVE ADDRESS 2901 N. PARK WAY S.D. CA 92104. NORTH PARK CHRISTIAN TELL SITUP TO BE EXACT. SAID HE COULD NOT FIND IT! HOW CAN THIS BE?

THE RESPONSE SENT 4-23-07

ON 1824 HAS RUN OUT OF TIME. P.O.
TRISTAN HAS PROPERTY. AS EXPLAINED
IN 1824 IF CHURCH MAILS I WANT
NO RESTITUTION ON MONEY IN MY
WALLET JUST LIKE ANY BODY ELSE.

I HAVE DIFFICULTY EXPRESSING IN
WRITTEN ENGLISH. BUT, WHAT IS NEXT
STEP? WHERE TO GO? HOW TO DO?

THANK YOU FOR YOUR TIME.

Sincerely


State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

11/27/07 -
CJM

RE: Screening at the FIRST Level

November 16, 2007

LAMADRID, P98764

RJD

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Failed to meet time limits.

There has been too great a time lapse between when the action or decision occurred and when you filed your appeal, with no explanation of why you did not, or could not, file in a timely manner. Per CCR 3084.6(c) Appellant must submit the appeal within 15 working days of the event or decision.

Mr. LaMadrid,

You first appeal received on this issue was on June 25, 2007. You were arrested on March 15, 2007. The time limits for filing an appeal have expired. As stated at the informal level, you will receive your property when you are released.


Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

APPEAL ROUTING SLIP

MIEH 1784

Date: 10/18/07

Sup

Parolee/Inmate Name: La Madrid CDC#: P98764

Log#: NIA

RECEIVED

NOV 14 2007

REGION IV APPEALS

TO:

☒ Appeals Coordinator CIM

☐ Parole Complex Appeal Representative

☐ Agent of Record

☐ Case Records South

FROM: K. Thacker, Region IV Parole Appeals Coordinator
21015 Pathfinder Road, Suite 200, Diamond Bar, CA 91765
Phone: (909) 468-2300 ext. 302 Fax: (909) 468-2337

☐ Please assign to staff for review at _____ level response.

☒ Please route original response to inmate/parolee.

☐ Copy attached for C-File.

☐ Copy attached for your records.

☐ _____

DEPARTMENT OF CORRECTIONS AND REHABILITATION
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2300



RECEIVED

NOV 14 2007

REC...

October 17, 2007

To: La Madrid, Diego P98764
California Institution for Men
P.O. Box 500
Chino, CA 91708

Informal Response

Mr. La Madrid,

I am in receipt of your CDC 602 requesting your informal level response and property. The Region IV Appeals Office does not receive copies of the informal level responses. I contacted your assigned parole agent, Agent Lamar and was informed that he responded to your appeal and sent the response to you at RJD. The parole unit did not have a copy of the informal level response. Agent Lamar stated that your property is currently at the parole office. According to the inventory receipt that was completed by Agent Tristan, the property includes your glasses and the \$200 money order. The property is sealed and has not been opened.

The parole office will not send your property to the Institution. Your property is at the Chula Vista Parole Complex and it will be returned to you upon your release. Another option you have is to write a letter to you agent instructing him to release your property to a family member. You can have the designated family member report to the Chula Vista I Parole Unit and with proper identification; your property can be released to that individual.

I contacted R&R at CIM on October 17, 2007 and was informed that they would not accept your property and it would be returned to the parole office. The only property R&R will accept is parole dress outs 30 days prior to your release. I was also informed that in order to get glasses sent in to the institution, you would need to be seen by medical and given a prescription. You could then send the prescription out to your family and they could purchase a pair of glasses and have them sent to the Institution.

CIM

K.E. Thacker
Parole Agent II, Appeals Coordinator

STATE OF CALIFORNIA

RECEIVED

INMATE/PAROLEE
APPEAL FORM

CDC 602 (12/87)

OCT 12 2007

Location: Institution/Parole Region

NOV 14 2007

Log No.

DEPARTMENT OF CORRECTIONS

Category

REGION IV APPEALS

REGION IV APPEALS

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
La Madrid , Diego H.	P-98764	NA	MIEH 175

A. Describe Problem: This is a 1824 appeal because of my glasses that are in the propety taken at the time of the arrest. This is the 5th try. Have been in communication with the appeals coordinator of region IV headquarters (K.E. Thacker agent II) also from R.J.D. appeals coordinator regarding this issue. There is now a money order that is no good since a year has gone by making it a 3084.7(e) lost or damaged personal property appeal. The money oder is for \$ 200.00 from a post office. LACK OF MY GLASSES PUT ME IN ARMSTRONG (FED.) THAT IS WHY IT CAN BE A 1824 appeal form. Any questions about it call Attory A. mannia at ROSEN, BIEN & GALVAN Tel. (415) 433-6830.

If you need more space, attach one additional sheet.

B. Action Requested: Please send me a copy and give me an update of the previous 602 on this same matter. If you do/can get my property for it to be mail to me here at CIM ; or to R & R .

Inmate/Parolee Signature: Diego H Madrid Date Submitted: 10/10/07

C. INFORMAL LEVEL (Date Received: 10/12/07)

Staff Response: Partially Granted - update of previous 602
See attached response

Staff Signature: K.E. Le Date Returned to Inmate: 10/18/07

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response. Partially granted: NO

1) Up to now answer about my glasses will not be for approx. 4 to 6 mo.. 2) Money Order from Post

Office are no good after a year. 3) Addresses that are in wallet needed for court evidence for response of parole revocation. 4) Daughter's address (in IRAQ) in property. So figure out some way to get it done

There must be another way/person that can do this. Please returen to me a copy at every level. All these have solutions.

Signature: Diego H Madrid SENDS ME COPY ALSO OF COMPLETE APPEAL. Date Submitted: 10/29/07

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RECEIVED

NOV 14 2007

REGION IV APPEALS

RE: Screening at the FIRST Level

September 11, 2007

LAMADRID, P98764

RJD

Log Number: REGIV-I-

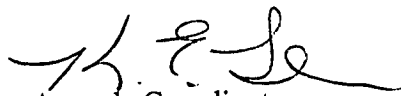
(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

Mr. LaMadrid,

Thank you for the information stating that your prior parole agent informed you that he has your property. This is a CDC 602 issue and not an ADA issue. Your appeal from June 26, 2007 was forwarded to the parole unit for an informal response. This is a duplicate appeal issue. I will contact the parole unit to inquire when your previous appeal was completed. If you are dissatisfied with the informal level response please complete section D and return the appeal to Region IV Headquarters.


Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION: RECEIVED	LOG NUMBER:	CATEGORY: 18. ADA
---	-------------	----------------------

NOV 14 2007

RECEIVED**NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES****REGION IV APPEALS**

SEP 10 2007

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

REGION IV APPEALS

INMATE/PAROLEE'S NAME (PRINT) <i>RAMADIA, Diego</i>	CDC NUMBER <i>P-98764</i>	ASSIGNMENT <i>NA</i>	HOURS/WATCH	HOUSING <i>F4-20-12640</i>
--	------------------------------	-------------------------	-------------	-------------------------------

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED**DESCRIPTION OF DISABILITY:***WITHIN 42 U.S.C. 12102, ARMSTRONG, COLEMAN.***WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?***C-FILE, V.A.***DESCRIBE THE PROBLEM:**

THIS IS 5th TIME TRYING TO RESOLVE 3-14-07 ISSUE. P.O. TRISTAN FROM C.V. OFFICE INFORMED ME AFTER B.P.H. ON LETTER POSTMARKED 4-19-07 HE PUT MY PROPERTY IN EVIDENCE. INCLUDED IN PROPERTY ARE MY GLASSES, WALLET, AND OTHER PERSONAL PROPERTY. NO REGISTRATION AND NO LIABILITY BY ANY ONE.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

NEED PROPERTY THAT P.O. TRISTAN KNOWS WHERE HE PUT. IN THESE "PROPERTY" ARE MY GLASSES AND OTHER PERSONAL PROPERTY WHICH I'D LIKE THE WHOLE THING BE SENT TO RFR OR WHERE EVER I'M HOUSED FOR PROPERTY REGISTRATION AND DISPOSITION PER 15 OGR 3190 TO 3193 AND SO INMATE PER 3075.

Diego Ramadia
INMATE/PAROLEE'S SIGNATURE

Sept 2, 2007
DATE SIGNED

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER:

DATE DUE:

TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)☐ Auxiliary Aid or Device Requested☐ Other _____☒ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS:

DATE INMATE/PAROLEE WAS INTERVIEWED _____

PERSON WHO CONDUCTED INTERVIEW _____

DISPOSITION

☐

GRANTED

☐

DENIED

☐

PARTIALLY GRANTED

BASIS OF DECISION:

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY: (NAME)

TITLE

INSTITUTION/FACILITY

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED

DATE RETURNED TO INMATE/PAROLEE

CDC 602 INMATE APPEALS SCREENING FORM

To: Lamadrid CDC #: P98764 Housing: M1E417SL Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- ☐ The action or decision you are appealing is not within the jurisdiction of CDC. (CCR 3084.3(c)(1)). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the courts asking them to change the BPH action or decision.
- ☐ Issue(s) concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA 95812-4036
- ☐ You may submit a GA-22 Request for Interview Form to the BPH Trailers at the RCE Facility.

☒ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2). Cim-m-07-01416

☐ You cannot appeal an anticipated action or decision not yet taken. CCR 3084.3(c)(3)

☐ You have not attempted to resolve your grievance at the Informal Level. CCR 3084.3(c)(4). Contact the following staff:

☐ Counselor ☐ Work Supervisor ☐ Records Office ☐ Receiving & Release ☐ Trust Office ☐ Education

☐ Unit Sergeant/Lieutenant ☐ I/M Assignment Office ☐ Employee who inventoried property ☐ Other: _____

☐ You have not adequately completed your appeal and/or attached the necessary supporting documents. CCR 3084.3(c)(5). Complete and return the following document(s):

- ☐ Completed CDC-115, CDC-115A, CDC-115C, I.E. Report ☐ CDC-7250 Sobriety Report ☐ All CDC-837 Incident Reports
- ☐ Lab Reports ☐ CDC-7219 Medical Report ☐ CDC-114D Ad-Seg Order ☐ CDC-128G ICC/UCC Action ☐ Current Trust Statement
- ☐ Property Inventory Sheet ☐ Receipt for property ☐ CDC-128A Counseling Chrono/128B General/128C Med/Psych/Dental
- ☐ CDC-7362 (Health Care Request) & Trust statement with co-pay charge ☐ CDC-128G Classification Chrono
- ☐ CDC Form 1858 Rights & Responsibilities ☐ Complete/Sign/Date the CDC-602
- ☐ Other _____

☐ You failed to file your appeal within 15 working days of the event or decision. The appeal is rejected. CCR 3084.3(c)(6)

☐ This issue has been addressed already. See attached correspondence. CCR 3084.2(g)

☐ You are abusing the appeal process. Your appeal is therefore rejected/cancelled. CCR 3084.3(8)

- ☐ Excessive filing CCR 3084.4(a) ☐ Inappropriate statements CCR 3084.4(b) ☐ Excessive verbiage CCR 3084.4(c)
- ☐ Voluminous unrelated documentation, CCR 3084.3 (c)(8) ☐ Lack of cooperation CCR 3084.4(d)

☐ You are not authorized to submit an appeal on behalf of another inmate(s). CCR 3084.3(c)(7)

☐ This appeal was resolved at a lower level. If you disagreed with the decision, you had 15 working days from when you received your appeal to file at a higher level. CCR 3084.6(c)

☐ Submit your request on a CDC-7362 (Health Service Form) and send it to the Medical Department for an appointment.

☐ A limit of one continuation page, front and back, may be attached to the appeal to describe the problem and action requested in section A and B of the form. CCR 3084.2(a)(1)

☐ You have failed to demonstrate an adverse effect on your welfare. CCR 3084.1(a)

☐ Remark(s) _____

RECEIVED

NOV 14 2007

REGIONAL APPEALS

☐ Please correct the indicated problems and return your appeal. Screened Out # 1 Date: 10/4/07

Note: Failure to follow instruction(s) given by Appeals Staff will be viewed as a lack of cooperation on your part and your appeal will be cancelled pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason is inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have 15 days to comply with any of the above directives. CCR 3084.3(c)(6)

S. Camy SSA
Appeals Coordinator
CIM-MSF and Reception Centers

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

CIM

RECEIVED

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

OCT 04 2007

Location: Institution/Parole Region

Log No.

NOV 14 2007

Category

DUPLICATE APPEAL

REGION IV APPEALS

18 med
app
need

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>RAMADRID, D</u>	NUMBER <u>R-98764</u>	ASSIGNMENT <u>NA</u>	UNIT/ROOM NUMBER <u>NICHRW12</u>
----------------------------	--------------------------	-------------------------	-------------------------------------

A. Describe Problem: SUBMITTED 1824 FOR GLASSES. RECEIVED NOTIFI-
CATION OF SUSPENDED STATUS DATED 9-21-07. SAW THE
OPHTHALMOLOGY LESS THAN 60 DAYS AGO ON 7-24-07 IN
R.J.D.. WHY NEED OF ANOTHER TEST? THIS DONE BY C.
COLLIER, MEDICAL APPEALS ANALYST IN C.I.H. EYE SIGHT CAN
NOT CHANGE MUCH IN TIME THAT HAS PAST. I AM PART OF
COLEMAN AND ARMSTRONG.

If you need more space, attach one additional sheet.

B. Action Requested: YOU HAVE THE RESULTS OF TEST IN R.J.D.. GET ME THE
GLASSES. RAISE SUSPENDED 1824, CONTINUE TIME CONSTRAINTS.
MAKE A COPY FOR ME. SEND ORIGINALS WHERE SUPPOSE AND SEND ME
THE COPY.

Inmate/Parolee Signature: Rego Ramadrid Date Submitted: 9/25/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

DUPLICATE APPEAL

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

DUPLICATE APPEAL

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed
Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

DUPLICATE APPEAL

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

DUPLICATE APPEAL

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

DUPLICATE APPEAL

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

DUPLICATE APPEAL

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: _____

CONTINUATION

INMATE CDC1824 APPEAL
NOTICE OF SUSPEND STATUS

RECEIVED

NOV 14 2007

Date: 9-21-07

REGION IV APPEALS

Name: LAMADRID CDC#: P98764Appeal Log #: CIM-M-07-1416 . Orig. Due Date 10-03-07

You have submitted a CDC1824 Inmate/Parolee Request for Reasonable Accommodation. Per the Armstrong Remedial Plan Section I.23.C - Medical Verification Process, appeal time limits have been suspended. The original due date is no longer valid for this appeal and will be recalculated after your consultation takes place. You will receive notice from the Institutions Appeals Coordinator of the new due date. Your treating physician has referred you to an expert consultant for:

☒ Verification of disability and/or need of requested device :
(GLASSES)

For evaluation with the OPHTHALMOLOGY specialist.

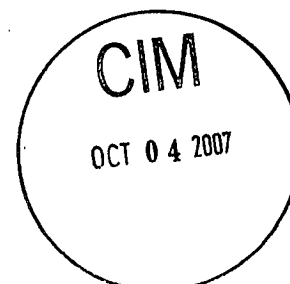
☒ at CIM-MSF Consult Clinic in approximately 4-6 WEEKS .

Please be advised that referrals to specialists for on-site care are made in order of receipt and are held in the CIM MSF Consult Clinic. You are expected to cooperate with all efforts to verify your claimed disability. Your failure to cooperate will result in your appeal being cancelled. The rule governing this is Title 15, Section 3084.4 (d) - Lack of Cooperation.

COMMENTS: FOR YOUR CONVENIENCE, READING GLASSES MAY BE OBTAINED IN THE CANTEEN OR CLINIC. MAGNIFIED READERS ARE AVAILABLE FOR USE IN THE LIBRARY

C. Collier
C. Collier, Medical Appeals Analyst
California Institution for Men

cc: ~~Original Inmate~~
Inst. Appeals Coordinator
Medical Appeals Analyst



State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

August 29, 2007

LAMADRID, P98764

RJD

20-1264

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinarys; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

Mr. LaMadrid,

Your appeal has been forwarded to the Chula Vista 1 parole unit for an informal level response.


Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

APPEAL ROUTING SLIP

Date: 8/29/07

Parolee/Inmate Name: LaMadrid CDC#: P987641

Log#: NIA

TO: Unit Supervisor - Culebra Vista 1

☐ Appeals Coordinator _____

☒ Parole Complex Appeal Representative _____

☐ Case Records South _____

FROM: K. Thacker, Region IV Parole Appeals Coordinator
21015 Pathfinder Road, Suite 200, Diamond Bar, CA 91765
Phone: (909) 468-2300 ext. 302 Fax: (909) 468-2337

☒ Please assign to staff for review at Informal level response.

☐ Please route response to inmate/parolee.

☐ Copy attached for C-File.

☐ Copy attached for your records.

☒ Return completed response to appellant
at PSD within 10 days.

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

RECEIVED

AUG 30 2007

Location: Institution/Parole Region

Log No.

Category

REGION IV APPEALS

You may appeal any policy, procedure, or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
LAMADRID, Diego	2-98764	NA	4-20-126

A. Describe Problem: MY PERSONAL PROPERTY NOT RETURNED. PERSONAL PROPERTY MUST BE REGISTERED, PER 15CCR 319(K). ACCEPT LIABILITY FOR THE LOSS OR DESTRUCTION OF INMATE PROPERTY, PER 15CCR 3193(b). 3084.7(c) IF IT IS NOW LOST. ANY FURTHER ATTEMPT TO CIRCUMVENT APPEAL PROCESS 1ST AMENDMENT OF CONST. OF U.S.. I SHALL HAVE TO TREAT AS MISCONDUCT BY A DEPARTMENTAL PEACE OFFICER. ON 3-14-07 WAS STOPPED BY I.N.S.. PROPERTY GIVEN TO CDCR. 602'S IN THIS MATTER "TREATED IN 'ULTRA VIRES' WAYS", AN ONGOING VIOLATION OF FEDERAL LAW. THIS IS 4TH ATTEMPT IN THIS MATTER. APPEAL COORDINATOR PLEASE RETURN

If you need more space, attach one additional sheet. A COPY TO ME, OF (SEE ATTACH SHEET) THIS 602

B. Action Requested: RETURN OF PROPERTY THROUGH R&R OF INSTITUTION WHERE I AM HOUSED. 3193(b) ACCEPT LIABILITY IF LOSS OR EXDITE MATTER AS 3084.7(c) LOST OR DAMAGED PERSONAL PROPERTY. A.C. MAKE COPY AND RETURN: 602 TO BE FORWARDS TO C.V., P.O. D. TRISTAN. TIME CONSTRAINT WATCHED. DO INITIAL INTAKE ON PROPERTY PER 15CCR ARTICLE 6.3 § 3075.1 & ARTICLE 9

Inmate/Parolee Signature: [Signature] Date Submitted: 8/26/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

_____DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____☐ See Attached Letter

Date: _____

* Appeal Coordinator - SINCE PROBLEMS IN INFORMAL COULD YOU GIVE THIS APPEAL A LOG NUMBER BEFORE FORWARDING AND SEND ME A COPY WITH THE LOG NUMBER.

LAMADRIS, D. P-98764

F4-20-126 LOW

PERSONAL PROPERTY VALUE OF APPROXIMATE \$900.00
MY PERSONAL GLASSES, LEATHER JACKET (WILSON'S),
\$200.- POSTAL MONEY ORDER, WATCH, WALLET WITH
PERSONAL PROPERTY. AMONG THEM IS EVIDENCE FOR
MY DEFENSE ON APPEAL OF B.P.H. DECISION FOR
REVOCATION OF PAROLE, WHICH I NEED.

OFFICERS FROM BORDER PATROL P. DHANSKY, G. BOLANOS,
N. GONZALES AS WITNESSES TO MY HAVING THIS PROPERTY
THE DAY OF ARREST, AT THE SAN YSIDRO CROSSING ON 3-14-07

DIFFICULTY COMMUNICATING, DESCRIBING EFFECTIVELY
THE PROBLEM IN WRITING; PRIMARY LANGUAGE SPANISH.
ISSUES BECOME COMPOUND AND COMPLEX OVER PAST
5 MONTHS.

SPOKE TO P.O. D. TRISTAN OF C.V. PAROLE AFTER
HEARING. HE ND RETURN FIRST 602. I THEN PROCEEDED
TO SEND TO APPEAL COORDINATOR, NEVER HEARD OF
AGAIN.

A THIRD ATTEMPT THROUGH APPEALS
COORDINATOR IN REGION IV, CCL K.E. THACKER.
RECEIVED JULY 5TH. THIS ONE STARTED BY
WRITTING LETTER IN MAY. GOT RESPONSE AND
SENT A 1824 & 602 ABOUT PROPERTY (WROTE
SAME ISSUE ON BOTH) ON JUNE 19. WHICH
I RECEIVED AS SAID ON JULY 5TH. TO THIS DAY
(FRONT)

HAVE HAD NO RESPONSE FROM THAT APPEAL.

PROOF OF ALL PROPERTY I SPEAK ABOUT
WILL BE ON VIDEO CAMERA WITH I.N.S.

BORDER PATROL IN SAN YSIDRO, ON 3-14-07.

TO COMPLY WITH APPEAL TIMELINES PER
(RANG V CAMBRA (DEL NORTE SUPERIOR
COURT) CASE NOS. HCPBDO-5150 AND 5151
WRIT HABEAS CORPUS DATED FEB. 27, 2002

SEND ME ^{CDC} FORM 1858 AND BOARD OF
CONTROL GOVERNMENT CLAIM FORM (SB OC-
GC-0002)

PART II

B. ACTION DESIRED: WANT PROPERTY PROCESSED
AS INTAKE IS CR 3075 WHEN IT GETS HERE.
WITHIN TIME CONSTRAINTS, AND NOT STUCK SOMEWHERE
ELSE.

(BACK)

California Institution for Men

MEMORANDUM

MIEH175L



APPEAL RESPONSE LEVEL: SECOND LEVEL
DATE: NOVEMBER 30, 2007
TO: LAMADRID
CDC#: P98764
APPEAL LOG #: CIM-E-07-1665

APPEAL RESPONSE:

All appeal documents, your Unit Health Record (UHR), and applicable sections of the California Code of Regulations (CCR) Title 15, have been reviewed and considered.

While you were incarcerated at RJD, you submitted an appeal containing multiple issues. You requested to get all your allergy medications and psych medications. You requested to get cleared or get told why you're on medical hold. Additionally, you stated you have problems with your right index finger and lower back.

Your request was partially granted. You were informed that it is standard practice to prescribe medications up to 90 days so that a re-evaluation may be done. You were informed no medical hold was in effect. You were informed pain medication had been prescribed on 7-11-07.

You were dissatisfied and progressed to the Formal Level. You stated your right index finger is still broken. You stated the skin medication is wrong. You stated your psych meds are not right. You stated you need glasses.

Your appeal was partially granted. By this time you had been transferred to CIM, where you had been evaluated by the Mental Health Department and a medication plan was being developed. You had been seen by optometry prior to leaving RJD. You were informed a facility provider at CIM would see you regarding the rash and broken finger.

You progressed to the 2nd Level, stating the treatment plan for your mental issues need much improvement. You stated you need monitoring of Hep C. You stated you want all the items taken care of this year, but you don't see appointments coming.

Your movement history indicates you arrived at CIM on 9-29-07. Since that time, you have been seen multiple times for psychological evaluations, medical evaluations, and specialty evaluations as follows:

Psych evaluations were conducted on 9-15-07, 9-29-07, 10-18-07, 11-3-07, and 11-8-07. Medical evaluations were conducted on 9-21-07, 9-24-07, 10-9-07, 10-22-07, and 11-9-07. You were seen by specialty providers on 10-15-07, 10-29-07, and 11-27-07. As a participant in the Chronic Care Program (CCP), you are seen on a

Page 2
CIM-E-07-1665

monthly basis for evaluation with your primary care physician. Your most recent examination was done on 11-9-07, at which time allergy meds and instructions regarding the medication were given (no rash was evident upon examination). Pain meds were also prescribed. No recommendations were made regarding treatment for your right index finger.

On 11-29-07, you were interviewed regarding your appeal issues. You stated to the interviewer that your primary complaint is the problem with your right index finger. You stated you have limited mobility and pain due to incorrect healing.

The Chief Physician & Surgeon reviewed your case. It has been determined that a referral to orthopedics will be submitted for evaluation of the old fracture on the right index finger. The specialist will evaluate for surgical correction. Please be advised once the referral is submitted, approved, and processed, it will take several weeks before your appointment is scheduled. You will be scheduled as soon as possible and educated to attend.

The CIM Medical Department is concerned for your health and well-being, and has acted appropriately in providing care and treatment. Your treating physician will continue to see you on a monthly basis and will address your medical issues as needed.

Pursuant to the following CCR, Title 15 sections, your medical needs have been handled in the appropriate manner.

3350 Provision of Medical Care and Definitions

(a) The department shall only provide medical services for inmates which are based on medical necessity and supported by outcome data as effective medical care. In the absence of available outcome data for a specific case, treatment will be based on the judgment of the physician that the treatment is considered effective for the purpose intended and is supported by diagnostic information and consultations with appropriate specialists. Treatments for conditions which might otherwise be excluded may be allowed pursuant to section 3350.1(d).

(b) For the purposes of this article, the following definitions apply:

(1) Medically Necessary means health care services that are determined by the attending physician to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain, and are supported by health outcome data as being effective medical care.

(2) Outcome Study means the definition, collection and analysis of comparable data, based on variations in treatment, concerning patient health assessment for purposes of improving outcomes and identifying cost-effective alternatives.

(3) Outcome Data mean statistics such as diagnoses, procedures, discharge status, length of hospital stay, morbidity and mortality of patients, that are collected and evaluated using science-based methodologies and expert clinical judgment for purposes of outcome studies.

(4) Severe pain means a degree of discomfort that significantly disables the patient from reasonable independent function.

(5) Significant illness and disability means any medical condition that causes or may cause if left untreated a severe limitation of function or ability to perform the daily activities of life or that may cause premature death.

CCR 3354. Health Care Responsibilities and Limitations

(a) Authorized Staff. Only facility employed medical staff, contractors paid to perform medical services for the facility, or persons employed by the facility as medical consultants shall be permitted to diagnose illness, prescribe medication and medical treatment for inmates. No other personnel are authorized to do so.

Page 3

CIM-E-07-1665

APPEAL DECISION: PARTIALLY GRANTED

Your appeal documents are attached.

Sabry F. Ghaly MD
11/30/07

S. Ghaly, MD
Chief Physician and Surgeon (A)
California Institution for Men

M. Farooq MD
11/30

M. Farooq, MD
Chief Medical Officer/Health Care Mgr. (A)
California Institution for Men

CDC 602 (12/87)

JUL 18 2007

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and **RICHARD J. DONOVAN** representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

MTF4 1256

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
NAMARIS	P-98764	NA	E4 20 1262

A. Describe Problem: DIFFICULTY IN WRITING PRIMARY LANGUAGE NOT ENGLISH. DOCTOR SAID TO ME "CAN'T GIVE PRESCRIPTION FOR ALLERGIES FOR OVER 30 DAYS, PUT IN TO SEE DR. AFTER MEDICATION ENDS". SO THIS IS A 3084.5(A)(3)(D)(F)(H). I, 42 U.S.C. § 12102. MY ALLERGIES COMBINED WITH WRONG PSYCH MEDICATIONS OR LEVELS THERE OF COMPOUND WITH HEAT FLARE UP ALL MY ALLERGIES. THIS IS SOMETHING WITH MORE THAN 10 YEARS IN MEDICAL C-FILE AS EVIDENCE, AND HAVE SEEN DR. FOR LATELY. ABOVE IS ONE MEDICAL PROBLEM THAT WILL HOLD ME BEFORE CLASSIFICATION, IN MY EYES. VERY LIMITED MOBILITY OF (R) INDEX FINGER WITH SEVER PAIN NOW.

If you need more space, attach one additional sheet.

B. Action Requested: TO GET ALL MY ALLERGY MEDICATIONS TILL 3-10-08 FOR SKIN, NASAL AND LUNG PROBLEMS. TO GET CLEANED OR TOLD WHY ON MEDICAL HOLD, AND TAKE CARE OF THESE PROBLEMS. ALSO RIGHT INDEX FINGER AND PROBLEMS OF LOWER BACK YOU HAVE MY HISTORY. PYSH MEDICATIONS.

Inmate/Parolee Signature: Diego La Madrid Date Submitted: 7-16-07

C. INFORMAL LEVEL (Date Received: JUL 26 2007), PARTIALLY GRANTED

Staff Response: MEDICATION, AS STANDARD PRACTICE IS PRESCRIBED FOR
NORMALLY UP TO 90 DAYS SO THAT THE FACILITY PROVIDER
CAN EVALUATE SYMPTOMS AND RE-EVALUATE AS NECESSARY. YOUR
UNIT HEALTH RECORD DOES NOT REFLECT A MEDICAL HOLD. YOU WERE
PRESCRIBED PAIN MEDICATION 7/11/07

Staff Signature: Edie Rivera Date Returned to Inmate: 7/30/07

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response. *DARYALL - GRADIER*

By X-RAY ON 8-9-07 @ INDEX FINGER STILL BROKEN, PER MEDICAL
SCREENING ON 8-2-07 ^{FIX} WRONG SKIN MEDICATION TRIAMCINOLONE ACETONIDE CREAM. 1%
IS CORRECT. PER OPTOMOLOGIST TEST EYE VISION WORST THAN 20/200 NEED GLASSES. ALSO
PSYCH MEAS STILL NOT RIGHT 15' PRESCIRE CORRECTLY OUTSIDE AFTER PRADO TEST
AND STAY IN APODITAL

Signature: [Signature]
Note: Property Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

Date Submitted: 8/13/07

CDC Appeal Number:

Board of Control form BC-1E. Inmate Claim *PSL 8-2-07 MED CAT SCREENING AFFIX*

NOV 07 2007
2nd level
Cmo

07-2280

First Level

☐ Granted☒ P. Granted☐ Denied☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned

SEP 13 2007

Due Date

OCT 26 2007

Interviewed by J. RIVERA HCAC, 10/19/07, VIA TELEPHONE CALL TO CIM

DURING THE INTERVIEW, YOU STATED THAT YOU WERE SEEN BY OPTOMETRY PRIOR TO LEAVING RID. YOU STATED THAT YOU HAD BEEN SEEN BY MENTAL HEALTH AT CIM, AND THEY ARE WORKING TOWARDS A MEDICATION PLAN WITH YOU. YOU STATED THAT YOU STILL HAD A RASH, AND YOUR FINGER HAS NOT BEEN TAKEN CARE OF. I SPOKE WITH THE HCAC AT CIM WHO WILL MAKE AN APPOINTMENT FOR YOU WITH A FACILITY PROVIDER AT CIM.

Staff Signature

Jodie Rivera

Title

HCAC

Date Completed

10/19/07

Division Head Approved

Inches

Title

Chief I/A

Returned

OCT 22 2007

Signature

Date to Inmate

F. If dissatisfied, explain reasons for requesting a Second Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response

GRANTED: THEY WILL REQUIER MULTIPLE APPOINTMENTS, THAT I DON'T SEE COMING.

Take care of all items in your own medical evaluations this year. Treatment plan for my mental issues of bipolar, major depressive syntoms, P.T.S.D., A.D.H.D. need much improvement. Monitoring of Hep-C (HCV). Conditions that significantly affect my daily activities cause of chronic and substantial pain delay of proper medical care. Follow own rules of 15CCR article 8 of care. Return a copy to me please. Let me know when appointments will be. Send copy of medical file up

Signature

to this day: Diego A. Medrano

Date Submitted

11/8/07

Second Level

☐ Granted☒ P. Granted☐ Denied☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned

11-7-07

Due Date

12-10-07

☒ See Attached Letter

Signature

Salary Echols 11/30/07

Date Completed

11-30-07

Warden/Superintendent Signature

Date Returned to Inmate

12-4-07

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature

Date Submitted

For the Director's Review, submit all documents to: Director of Corrections

P.O. Box 942883

Sacramento, CA 94283-0001

Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION

☐ Granted☐ P. Granted☐ Denied☐ Other☐ See Attached Letter

Date

INMATE APPEAL ROUTE SLIP

To: MED

Date: September 13, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-02280 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for FIRST level response.

Appeal Issue: MEDICAL

Due Date: 10/26/2007

Special Needs:

STAFF INSTRUCTIONS: Per Director's Rule 3084.5(f) (2) first level appeal review requires a personal interview with the inmate unless the appeal is granted. This policy is not within the institution's jurisdiction and cannot be waived. Director's Rule 3084.5(f) (3) provides that a telephonic interview may be conducted if the inmate is not available in person.

Begin response with GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return appeal to the Appeals Office. All first level appeals require signature of the Division Head. Appeals that are incomplete will be returned for appropriate completion.

Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility



State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

August 23, 2007

LAMADRID, P98764

F42000000000126L



Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

SEPARATE YOUR ISSUES AND SUBMIT ONE ISSUE PER 602.

*SIMPLE: EVERYTHING IS IN MEDICAL
SCREENING ON 8-2-07
FIX IT & RIGHT ARM*

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

July 18, 2007

LAMADRID, P98764

F42000000000126L



Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinarys; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

MEDICAL

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

DEPARTMENT OF CORRECTIONS AND REHABILITATION
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2300



August 24, 2007

To: La Madrid, Diego P98764
Richard J. Donovan Correctional Facility
P.O. Box 799006
San Diego, CA 92179-9005

Mr. La Madrid,

I am in receipt of your letter requesting your informal level response and property. I do not receive copies of the informal level responses. Your response should be sent directly to you from the parole office. In addition, you have not told me who took your property. The only information you have provided is that US Customs took your property, so why do you assume that the parole agent has your property. You have failed to provide me with the information I have requested.

The parole office will not send your property to R&R. If they have your property it will be returned to you upon your release. I sent you the address to contact US Customs on June 5, 2007 regarding disposition of your property. Have you attempted to contact them? With the information you have provided me, that your property was taken by the Border Patrol, there is no further assistance I can give you. You need to contact US Customs at the address I provided you with on June 5, 2007
US Customs and Border protection
610 W. Ash Street Suite 1200
San Diego, CA 92101

A handwritten signature in black ink, appearing to read "K.E. Thacker".

K.E. Thacker
Parole Agent II, Appeals Coordinator
Region IV Parole Headquarters

RECEIVED

AUG 21 2007

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

REGION IV APPEALS

RE: Screening at the FIRST Level

June 26, 2007

LAMADRID, P98764

RJD

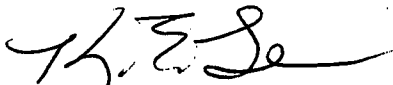
Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinarys; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

Your appeal has been forwarded to Chula Vista I for an informal response.



Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

RECEIVED

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

JUN 25 2007

REGION IV APPEALS

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
D. A. P. DIEGO	D-98764		F4-20-126A

A. Describe Problem: HAVE ALREADY SENT GO? HE RETURNED (P.O. TRISTAN THE DAY OF RPT. HEARING. SENT TO APPEALS COORDINATOR HAVE NOT HEARD SINCE THAT WAS 4/23/07. MONEY ORDER OF 200. - GLASSES, WALKER PERSONAL PAPERS 3084.7 SINCE OVER 200. - HE (TRISTAN) SAID PUT IN EVIDENCE HIS OFFICE IS IN CAULA VISTA. OR GIVE ME ADDRESS OF CHIEF INMATE APPEALS OF DEPARTMENT OF CORRECTIONS

If you need more space, attach one additional sheet.

B. Action Requested: MY PROPERTY FROM P.O. TRISTAN. WALKER, GLASSES MONEY ORDER EXCESS OF 200. - PERSONAL PROPERTY TO COME IN THROUGH. RFR LIKE ANYONE ELSE NO RESTITUTION SINCE NOW I DO HAVE A PAROLE REVOCATION. AT TIME I DIDN'T.

Inmate/Parolee Signature: DiegoDate Submitted: 6/18/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

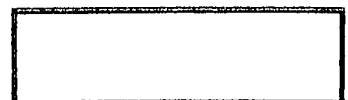
D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

June 26, 2007

LAMADRID, P98764

RJD

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).

This is not an ADA appeal; this is a duplicate appeal of the issue forwarded to Chula Vista I for an informal response.


Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

STATE OF CALIFORNIA

RECEIVED
DEPARTMENT OF CORRECTIONS**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST
CDC 1824 (1/95)**

INSTITUTION/PAROLE REGION:	LOG NUMBER: JUN 25 2007	CATEGORY: 18. ADA
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REGION IV APPEALS**NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT) <i>LAMARR</i>	CDC NUMBER <i>P-98764</i>	ASSIGNMENT	HOURS/WATCH	HOUSING <i>F4-20-126 Lm</i>
--	------------------------------	------------	-------------	--------------------------------

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED**DESCRIPTION OF DISABILITY:**

PERSON WITHIN 42 U.S.C. HAS DISABILITIES MENTAL IMPAIRMENTS THAT SUBSTANTIALLY LIMIT MAJOR AREAS OF LIFE ACTIVITIES.

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

IN C-FILE

DESCRIBE THE PROBLEM:

AFTER CROSSED BORDER P.O. J. TRISTAN HAS PROPERTY. FILES 602, DISAPPEARED WHEN SENT TO APPEAL COORDINATOR. DIFFICULTY EXPRESSING IN WRITTEN ENGLISH. P.O. TRISTAN SAID HE PUT IT WITH EVIDENCE

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

PATIENT ASSOCIATE, ATTORNEY OR WHOEVER CAN HELP ME GET MY PROPERTY BACK? BOTTOM LINE MY PROPERTY. THROUGH R & R AS IF COMING IN NO PAROLE VIOLATION YET.

[Signature]
INMATE/PAROLEE'S SIGNATURE

6/18/07
DATE SIGNED

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC-1824 (1/95)

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER:

DATE DUE:

TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

☐ Auxiliary Aid or Device Requested

☐ Other _____

☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS:

DATE INMATE/PAROLEE WAS INTERVIEWED

PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

☐

GRANTED

☐

DENIED

☐

PARTIALLY GRANTED

BASIS OF DECISION:

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY: (NAME)

TITLE

INSTITUTION/FACILITY

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED

DATE RETURNED TO INMATE/PAROLEE

DEPARTMENT OF CORRECTIONS
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2394

RECEIVED

JUN 25 2007



REGION IV APPEALS

June 5, 2007

To: La Madrid, Diego #P98764
Richard J. Donovan Correctional Facility
P.O. Box 799006
San Diego, CA 92179-9005

Re: Property

Mr. La Madrid,

I received the copy of the letter you mailed regarding your request for information regarding your property, your wallet, glasses and other items not specifically mentioned. You mention that your property was taken by Customs. US Customs is not under the jurisdiction of the Division of Adult Parole Operations and I am unaware of their procedures regarding personal property.

Were you transported to a county jail facility by Customs? If so, did your property accompany you? Did the Custom's Agent ask you what you wished to have done with your property? With the information you provided, it seems as though Customs had control of your property and you need to contact them regarding the location and or disposition of your property.

In addition, this office does not have a record of a CDC 602 Inmate/Parolee Appeal for you regarding your property issue.

A handwritten signature in black ink, appearing to read 'K.E. Thacker'.

K.E. Thacker
Parole Agent II, Appeals Coordinator
Region IV Parole Headquarters

P98764

RECEIVED

MAY 30 2007

REGION IV APPEALS

5.24.07

TO WHOM IT MAY CONCERN,

My NAME IS SIEGO H. LAMADRID, CDC # 15 P-98764. THIS IS IN REFERENCE TO THE CHUKA VISTA PAROLE DEPARTMENT ON 765 TIRIDS ST STE 200 C.V. CA 91910 TO P.O. DAVID TRISTAN

UPON MY CROSSING BORDER MY PROPERTY TAKEN BY CUSTOMS DEPARTMENT. MY WALLET, GLASSES AND OTHER PROPERTY HAS TO THIS DAY NOT BEEN DELEVERED TO ME. I HAVE WRITTEN A GO2 TO NO AVAIL. COULD YOU PLEASE INFORM ME HOW AND WHAT I MUST DO TO GET MY PROPERTY TO ME. SINCE IT WAS ON ME WHEN I GOT STOPPED BY THE BORDER PATROL

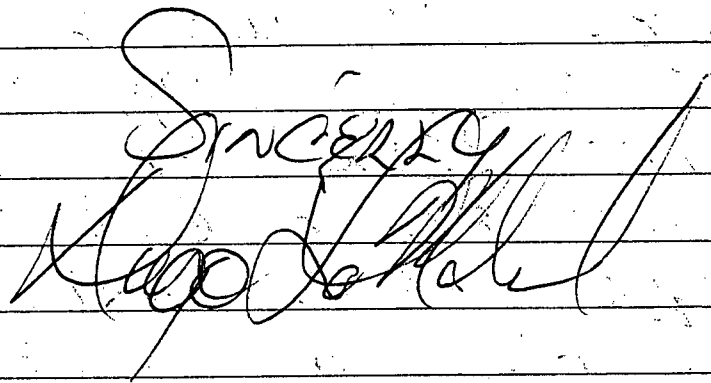
THE RESPONSE OF P.O. TRISTAN AFTER B.P.T HEARING CHOISE WHERE TO MAIL? GAVE ADDRESS 2901 N. PARK WAY S.D. CA 92104. NORTH PARK CHRISTIAN FELLOSHIP TO BE EXACT. SAID HE COULD NOT FIND IT! HOW CAN THIS BE?

THE RESPONSE SENT 4-23-07

ON 1824 HAS RUN OUT OF TIME. P.O.
TRISTAN HAS PROPERTY. AS EXPLAINED
IN 1824 IF CHURCH MAILS I WANT
NO RESTITUTION ON MONEY IN MY
WALLET JUST LIKE ANY BODY ELSE.

I HAVE DIFFICULTY EXPRESSING IN
WRITTEN ENGLISH. BUT, WHAT IS NEXT
STEP? WHERE TO GO? HOW TO DO?

THANK YOU FOR YOUR TIME.

Sincerely


State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

11/27/07 -

CEM

RE: Screening at the FIRST Level

November 16, 2007

LAMADRID, P98764
RJD

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Failed to meet time limits.

There has been too great a time lapse between when the action or decision occurred and when you filed your appeal, with no explanation of why you did not, or could not, file in a timely manner. Per CCR 3084.6(c) Appealant must submit the appeal within 15 working days of the event or decision.

Mr. LaMadrid,

You first appeal received on this issue was on June 25, 2007. You were arrested on March 15, 2007. The time limits for filing an appeal have expired. As stated at the informal level, you will receive your property when you are released.


Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

APPEAL ROUTING SLIP

m1EH 178²

Date: 10/18/07

dup

Parolee/Inmate Name: La Madrid CDC#: P98764

Log#: NIA

RECEIVED

NOV 14 2007

REGION IV APPEALS

TO:

☒ Appeals Coordinator CIM

☐ Parole Complex Appeal Representative _____

☐ Agent of Record _____

☐ Case Records South _____

FROM: K. Thacker, Region IV Parole Appeals Coordinator
21015 Pathfinder Road, Suite 200, Diamond Bar, CA 91765
Phone: (909) 468-2300 ext. 302 Fax: (909) 468-2337

☐ Please assign to staff for review at _____ level response.

☒ Please route original response to inmate/parolee.

☐ Copy attached for C-File.

☐ Copy attached for your records.

☐ _____

DEPARTMENT OF CORRECTIONS AND REHABILITATION
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2300



RECEIVED

NOV 14 2007

REC-1111111111

October 17, 2007

To: La Madrid, Diego P98764
California Institution for Men
P.O. Box 500
Chino, CA 91708

Informal Response

Mr. La Madrid,

I am in receipt of your CDC 602 requesting your informal level response and property. The Region IV Appeals Office does not receive copies of the informal level responses. I contacted your assigned parole agent, Agent Lamar and was informed that he responded to your appeal and sent the response to you at RJD. The parole unit did not have a copy of the informal level response. Agent Lamar stated that your property is currently at the parole office. According to the inventory receipt that was completed by Agent Tristan, the property includes your glasses and the \$200 money order. The property is sealed and has not been opened.

The parole office will not send your property to the Institution. Your property is at the Chula Vista Parole Complex and it will be returned to you upon your release. Another option you have is to write a letter to you agent instructing him to release your property to a family member. You can have the designated family member report to the Chula Vista I Parole Unit and with proper identification; your property can be released to that individual.

I contacted R&R at CIM on October 17, 2007 and was informed that they would not accept your property and it would be returned to the parole office. The only property R&R will accept is parole dress outs 30 days prior to your release. I was also informed that in order to get glasses sent in to the institution, you would need to be seen by medical and given a prescription. You could then send the prescription out to your family and they could purchase a pair of glasses and have them sent to the Institution.

C. E. Thacker

K.E. Thacker
Parole Agent II, Appeals Coordinator

STATE OF CALIFORNIA

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

RECEIVED

OCT 12 2007

Location: Institution/Parole Region

NOV 14 2007

Log No.

DEPARTMENT OF CORRECTIONS

Category

REGION IV APPEALS

REGION IV APPEALS

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
La Madrid , Diego H.	P-98764	NA	MIEH 175

A. Describe Problem: This is a 1824 appeal because of my glasses that are in the property taken at the time of the arrest. This is the 5th try. Have been in communication with the appeals coordinator of region IV headquarters (K.E. Thacker agent II) also from R.J.D. appeals coordinator regarding this issue. There is now a money order that is no good since a year has gone by making it a 3084.7(e) lost or damaged personal property appeal. The money order is for \$ 200.00 from a post office. LACK OF MY GLASSES PUT ME IN ARMSTRONG (FED.) THAT IS WHY IT CAN BE A 1824 appeal form. Any questions about it call Attory A. mannia at ROSEN, BIEN & GALVAN Tel. (415) 433-6830.

If you need more space, attach one additional sheet.

B. Action Requested: Please send me a copy and give me an update of the previous 602 on this same matter. If you do/can get my property for it to be mail to me here at CIM ; or to R & R .

Inmate/Parolee Signature: Diego La Madrid Date Submitted: 10/10/07

C. INFORMAL LEVEL (Date Received: 10/12/07)

Staff Response: Partially Granted - update of previous 602
See attached response

Staff Signature: M.E. Le Date Returned to Inmate: 10/18/07

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response. **Partially granted: NO**

1) Up to now answer about my glasses will not be for approx. 4 to 6 mo.. 2) Money Order from Post

Office are no good after a year. 3) Addresses that are in wallet needed for court evidence for response of parole revocation. 4) Daughter's address (in IRAQ) in property. So figure out some way to get it done

There must be another way/person that can do this. Please return to me a copy at every level. All these have solutions.

Signature: Diego La Madrid SEND ME COPY ALSO OF COMPLETE APPEAL. Date Submitted: 10/29/07

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RECEIVED

NOV 14 2007

REGION IV APPEALS

RE: Screening at the FIRST Level

September 11, 2007

LAMADRID, P98764

RJD

Log Number: REGIV-I-

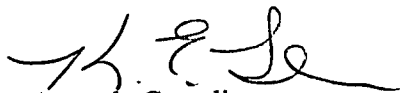
(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

Mr. LaMadrid,

Thank you for the information stating that your prior parole agent informed you that he has your property. This is a CDC 602 issue and not an ADA issue. Your appeal from June 26, 2007 was forwarded to the parole unit for an informal response. This is a duplicate appeal issue. I will contact the parole unit to inquire when your previous appeal was completed. If you are dissatisfied with the informal level response please complete section D and return the appeal to Region IV Headquarters.



Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST
CDC 1824 (1/95)**

INSTITUTION/PAROLE REGION: RECEIVED	LOG NUMBER:	CATEGORY: 18. ADA
---	-------------	----------------------

NOV 14 2007

RECEIVED**NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES****REGION IV APPEALS**

SEP 10 2007

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

REGION IV APPEALS

INMATE/PAROLEE'S NAME (PRINT) <i>RAMADIA, Diego</i>	CDC NUMBER <i>P-98764</i>	ASSIGNMENT <i>NA</i>	HOURS/WATCH	HOUSING <i>F4-20-12640</i>
--	------------------------------	-------------------------	-------------	-------------------------------

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED**DESCRIPTION OF DISABILITY:***WITHIN 42 U.S.C. 12102, ARMSTRONG, COLEMAN.***WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?***C-FILE, V.A.***DESCRIBE THE PROBLEM:**

THIS IS 5TH TIME TRYING TO RESOLVE 3-14-07 ISSUE. P.O. TRISTAN FROM C.V. OFFICE INFORMED ME AFTER B.P.H. ON LETTER DATED 4-19-07 HE PUT MY PROPERTY IN EVIDENCE. INCLUDED IN PROPERTY ARE MY GLASSES, WALLET AND OTHER PERSONAL PROPERTY. NO REGISTRATION AND NO LIABILITY BY ANY ONE.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

NEED PROPERTY THAT P.O. TRISTAN KNOWS WHERE HE PUT. IN THESE "PROPERTY" ARE MY GLASSES AND OTHER PERSONAL PROPERTY WHICH I'D LIKE THE WHOLE THING BE SENT TO RFR OF WHERE EVER I'M HOUSED FOR PROPERTY REGISTRATION AND DISPOSITION PER 15 OCR 3190 TO 3193 AND SO INTAKE PER 3075.

Diego Ramadia
INMATE/PAROLEE'S SIGNATURE

Sept 2, 2007
DATE SIGNED

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER:

DATE DUE:

TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)☐ Auxiliary Aid or Device Requested☐ Other _____☒ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS:

DATE INMATE/PAROLEE WAS INTERVIEWED

PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

☐

GRANTED

☐

DENIED

☐

PARTIALLY GRANTED

BASIS OF DECISION:

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY: (NAME)

TITLE

INSTITUTION/FACILITY

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED

DATE RETURNED TO INMATE/PAROLEE

CDC 602 INMATE APPEALS SCREENING FORM

To: Lamadrid CDC #: P98764 Housing: M18H175L Appeal Log#:

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- ☐ The action or decision you are appealing is not within the jurisdiction of CDC. (CCR 3084.3(c)(1)). ☐ Effective May 1, 2004, the BPH 1040 appeal process is no longer utilized. Issues concerning due process, grant or denial of parole, parole revocation, attorney or witness requests, early discharge, or good cause findings for hearings cannot be appealed. These types of appeal issues may now be forwarded to the courts asking them to change the BPH action or decision.
- ☐ Issue(s) concerning BPH clerical mistakes, mandatory discharge, credit eligibility during revocation terms, or other BPH rules of law may be addressed via a letter to the BPH Quality Control Unit, PO Box 4036, Sacramento, CA 95812-4036
- ☐ You may submit a GA-22 Request for Interview Form to the BPH Trailers at the RCE Facility.

☒ You have already submitted an appeal on this same issue. CCR 3084.3(c)(2). Cim-m-07-01416

☐ You cannot appeal an anticipated action or decision not yet taken. CCR 3084.3(c)(3)

☐ You have not attempted to resolve your grievance at the Informal Level. CCR 3084.3(c)(4). Contact the following staff:

☐ Counselor ☐ Work Supervisor ☐ Records Office ☐ Receiving & Release ☐ Trust Office ☐ Education

☐ Unit Sergeant/Lieutenant ☐ I/M Assignment Office ☐ Employee who inventoried property ☐ Other:

☐ You have not adequately completed your appeal and/or attached the necessary supporting documents. CCR 3084.3(c)(5). Complete and return the following document(s):

☐ Completed CDC-115, CDC-115A, CDC-115C, I.E. Report ☐ CDC-7250 Sobriety Report ☐ All CDC-837 Incident Reports

☐ Lab Reports ☐ CDC-7219 Medical Report ☐ CDC-114D Ad-Seg Order ☐ CDC-128G ICC/UCC Action ☐ Current Trust Statement

☐ Property Inventory Sheet ☐ Receipt for property ☐ CDC-128A Counseling Chrono/128B General/128C Med/Psych/Dental

☐ CDC-7362 (Health Care Request) & Trust statement with co-pay charge ☐ CDC-128G Classification Chrono

☐ CDC Form 1858 Rights & Responsibilities ☐ Complete/Sign/Date the CDC-602

☐ Other

☐ You failed to file your appeal within 15 working days of the event or decision. The appeal is rejected. CCR 3084.3(c)(6)

☐ This issue has been addressed already. See attached correspondence. CCR 3084.2(g)

☐ You are abusing the appeal process. Your appeal is therefore rejected/cancelled. CCR 3084.3(8)

☐ Excessive filing CCR 3084.4(a) ☐ Inappropriate statements CCR 3084.4(b) ☐ Excessive verbiage CCR 3084.4(c)

☐ Voluminous unrelated documentation, CCR 3084.3 (c)(8) ☐ Lack of cooperation CCR 3084.4(d)

☐ You are not authorized to submit an appeal on behalf of another inmate(s). CCR 3084.3(c)(7)

☐ This appeal was resolved at a lower level. If you disagreed with the decision, you had 15 working days from when you received your appeal to file at a higher level. CCR 3084.6(c)

☐ Submit your request on a CDC-7362 (Health Service Form) and send it to the Medical Department for an appointment.

☐ A limit of one continuation page, front and back, may be attached to the appeal to describe the problem and action requested in section A and B of the form. CCR 3084.2(a)(1)

☐ You have failed to demonstrate an adverse effect on your welfare. CCR 3084.1(a)

☐ Remark(s)

RECEIVED

NOV 14 2007

REGION IV APPEALS

☐ Please correct the indicated problems and return your appeal. Screened Out # 1 Date: 10/4/07

Note: Failure to follow instruction(s) given by Appeals Staff will be viewed as a lack of cooperation on your part and your appeal will be cancelled pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason is inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have 15 days to comply with any of the above directives. CCR 3084.3(c)(6)

S. Camacho
Appeals Coordinator
CIM-MSF and Reception Centers

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

CIM

RECEIVED

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

OCT 04 2007

Location: Institution/Parole Region

Log No.

NOV 14 2007

Category

DUPLICATE APPEAL

REGION IV APPEALS

18 med
app
need

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME: <u>RAMADRID, D</u>	NUMBER: <u>R-98764</u>	ASSIGNMENT: <u>NA</u>	UNIT/ROOM NUMBER: <u>NICHBN12</u>
--------------------------	------------------------	-----------------------	-----------------------------------

A. Describe Problem: SUBMITTED 1824 FOR GLASSES. RECEIVED NOTIFI-
CATION OF SUSPENDED STATUS DATED 9-21-07. SAW THE
OPHTHALMOLOGY LESS THAN 60 DAYS AGO ON 7-24-07 IN
R.J.D.. WHY NEED OF ANOTHER TEST? THIS DONE BY C.
COLLIER, MEDICAL APPEALS ANALYST IN C.I.H. EYE SIGHT CAN
NOT CHANGE MUCH IN TIME THAT HAS PAST. I AM PART OF
COLEMAN AND ARMSTRONG.

If you need more space, attach one additional sheet.

B. Action Requested: YOU HAVE THE RESULTS OF TEST IN R.J.D.. GET ME THE
GLASSES. RAISE SUSPENDED 1824, CONTINUE TIME CONSTRAINTS.
MAKE A COPY FOR ME. SEND ORIGINALS WHERE SUPPOSE AND SEND ME
THE COPY.

Inmate/Parolee Signature: Nego RamadridDate Submitted: 9/25/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

DUPLICATE APPEAL

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

DUPLICATE APPEAL

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed
 Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

DUPLICATE APPEAL

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

DUPLICATE APPEAL

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

DUPLICATE APPEAL

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: _____

CONFIDENTIAL

INMATE CDC1824 APPEAL
NOTICE OF SUSPEND STATUS

RECEIVED

NOV 14 2007

Date: 9-21-07

REGION IV APPEALS

Name: LAMADRID CDC#: P98764Appeal Log #: CIM-M-07-1416 . Orig. Due Date 10-03-07

You have submitted a CDC1824 Inmate/Parolee Request for Reasonable Accommodation. Per the Armstrong Remedial Plan Section I.23.C - Medical Verification Process, appeal time limits have been suspended. The original due date is no longer valid for this appeal and will be recalculated after your consultation takes place. You will receive notice from the Institutions Appeals Coordinator of the new due date. Your treating physician has referred you to an expert consultant for:

☒ Verification of disability and/or need of requested device :
(GLASSES)

For evaluation with the OPHTHALMOLOGY specialist.

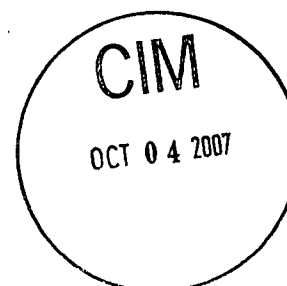
☒ at CIM-MSF Consult Clinic in approximately 4-6 WEEKS .

Please be advised that referrals to specialists for on-site care are made in order of receipt and are held in the CIM MSF Consult Clinic. You are expected to cooperate with all efforts to verify your claimed disability. Your failure to cooperate will result in your appeal being cancelled. The rule governing this is Title 15, Section 3084.4 (d) - Lack of Cooperation.

COMMENTS: FOR YOUR CONVENIENCE, READING GLASSES MAY BE OBTAINED IN THE CANTEEN OR CLINIC. MAGNIFIED READERS ARE AVAILABLE FOR USE IN THE LIBRARY

C. Collier
C. Collier, Medical Appeals Analyst
California Institution for Men

cc: ~~Original Inmate~~
Inst. Appeals Coordinator
Medical Appeals Analyst



State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

August 29, 2007

LAMADRID, P98764

RJD

20-1264

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinaries; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

Mr. LaMadrid,

Your appeal has been forwarded to the Chula Vista 1 parole unit for an informal level response.


Appeals Coordinator
Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

APPEAL ROUTING SLIP

Date: 8/29/07

Parolee/Inmate Name: LaMadrid CDC#: P987641

Log#: NIA

TO: Unit Supervisor - Culebra Vista 1

☐ Appeals Coordinator _____

☒ Parole Complex Appeal Representative _____

☐ Case Records South _____

FROM: K. Thacker, Region IV Parole Appeals Coordinator
21015 Pathfinder Road, Suite 200, Diamond Bar, CA 91765
Phone: (909) 468-2300 ext. 302 Fax: (909) 468-2337

☒ Please assign to staff for review at Informal level response.

☐ Please route response to inmate/parolee.

☐ Copy attached for C-File.

☐ Copy attached for your records.

☒ Return completed response to appellant at RSD within 10 days.

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

RECEIVED

AUG 30 2007

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, procedure, or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

REGION IV APPEALS

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
LAMARID, Diego	298764	NA	4-20-126

A. Describe Problem: MY PERSONAL PROPERTY NOT RETURNED. PERSONAL PROPERTY MUST BE REGISTERED, PER 15CCR 319(K). ACCEPT LIABILITY FOR THE LOSS OR DESTRUCTION OF INMATE PROPERTY, PER 15CCR 3193(b). 3084.7(c) IF IT IS NOW LOST. ANY FURTHER ATTEMPT TO CIRCUMVENT APPEAL PROCESS 1ST AMENDMENT OF CONST. OF U.S.. I SHALL HAVE TO TREAT AS MISCONDUCT BY A DEPARTMENTAL PEACE OFFICER. ON 3-14-07 WAS STOPPED BY I.N.S.. PROPERTY GIVEN TO CDCR. 602'S IN THIS MATTER "TREATED IN 'ULTRA VIRES' WAYS", AN ONGOING VIOLATION OF FEDERAL LAW. THIS IS 4TH ATTEMPT IN THIS MATTER. APPEAL COORDINATOR PLEASE RETURN

If you need more space, attach one additional sheet. A COPY TO ME, OF (SEE ATTACH SHEET) THIS 602.

B. Action Requested: RETURN OF PROPERTY THROUGH R&R OF INSTITUTION WHERE I AM HOUSED. 3193(b) ACCEPT LIABILITY IF LOSS OR EXDITE MATTER AS 3084.7(c) LOST OR DAMAGED PERSONAL PROPERTY. A.C. MAKE COPY AND RETURN; 602 TO BE FORWARDS TO C.V., P.D. N. TRISTAN. TIME CONSTRAINT WATCHES. DO INITIAL INTAKE ON PROPERTY PER 15CCR ARTICLE 6.5 § 3075.1 & ARTICLE 9

Inmate/Parolee Signature: [Signature] Date Submitted: 8/26/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____☐ See Attached Letter

Date: _____

* Appeal Coordinator - SINCE PROBLEMS IN INFORMAL COULD YOU GIVE THIS APPEAL A LOG NUMBER BEFORE FORWARDING AND SEND ME A COPY WITH THE LOG NUMBER.

LAMARRIS, D. P-98764 F4-20-126 LOW

PERSONAL PROPERTY VALUE OF APPROXIMATE \$900.00
MY PERSONAL GLASSES, LEATHER JACKET (WILSON'S),
\$200.- POSTAL MONEY ORDER, WATCH, WALLET WITH
PERSONAL PROPERTY. AMONG THEM IS EVIDENCE FOR
MY DEFENSE ON APPEAL OF B.P.H. DECISION FOR
REVOCATION OF PAROLE, WHICH I NEED.

OFFICERS FROM BORDER PATROL P. DHANSKY, G. BOLANOS,
N. GONZALES AS WITNESSES TO MY HAVING THIS PROPERTY
THE DAY OF ARREST, AT THE SAN YSIDRO CROSSING ON 3-14-07

DIFFICULTY COMMUNICATING, DESCRIBING EFFECTIVELY
THE PROBLEM IN WRITING; PRIMARY LANGUAGE SPANISH.
ISSUES BECOME COMPOUND AND COMPLEX OVER PAST
5 MONTHS.

SPOKE TO P.O. D. TRISTAN OF C.V. PAROLE AFTER
HEARING. HE ND RETURN FIRST 602. I THEN PROCEEDED
TO SEND TO APPEAL COORDINATOR, NEVER HEARD OF
AGAIN.

A THIRD ATTEMPT THROUGH APPEALS
COORDINATOR IN REGION IV, CCL K.E. THACKER.
RECEIVED JULY 5TH. THIS ONE STARTED BY
WRITTING LETTER IN MAY, GOT RESPONSE AND
SENT A 1824 & 602 ABOUT PROPERTY (WROTE
SAME ISSUE ON BOTH) ON JUNE 19. WHICH
I RECEIVED AS SAID ON JULY 5TH. TO THIS DAY
(FRONT)

HAVE HAD NO RESPONSE FROM THAT APPEAL.

PROOF OF ALL PROPERTY I SPEAK ABOUT
WILL BE ON VIDEO CAMERA WITH I.N.S.

BORDER PATROL IN SAN YSIDRO, ON 3-14-07.

TO COMPLY WITH APPEAL TIMELINES PER
(RANG V CAMBRA (DEL NORTE SUPERIOR
COURT) CASE NOS. HCPBDO-5150 AND 5151
WRIT HABEAS CORPUS DATED FEB. 27, 2002

SEND ME ^{CDC} FORM 1858 AND BOARD OF
CONTROL GOVERNMENT CLAIM FORM (SBOC-
GC-0002)

PART II

B. ACTION REQUEST WANT PROPERTY PROCESSED
AS INTAKE IS CR 3075 WHEN IT GETS HERE.

WITHIN TIME CONSTRAINTS, AND NOT STUCK SOMEWHERE
ELSE.

(BACK)